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B22C (Official Form 22C) (Chapter 13) (12/10)

| In re | Markesha Lynn Winston | According to the calculations required by this statement: |
|--------|-----------------------|---|
| | Debtor(s) | ■ The applicable commitment period is 3 years. |
| Case N | | ☐ The applicable commitment period is 5 years. |
| | (If known) | ☐ Disposable income is determined under § 1325(b)(3). |
| | | ■ Disposable income is not determined under § 1325(b)(3). |
| | | (Check the boxes as directed in Lines 17 and 23 of this statement.) |

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

| | | Par | rt I. | REPORT OF IN | COM | E | | | | | |
|---|---|---|--|---|-------------------------------|--|---------------------------|---|----------|--------------------------|------|
| 1 | Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. | | | | | | | | | | |
| | b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line. | | | | | | | me") for Lines 2-10 Column A Debtor's Income | | Column B Spouse's Income | |
| 2 | Gros | s wages, salary, tips, bonuses, overtime, con | nmis | ssions. | | | | \$ | 4,000.00 | \$ | 0.00 |
| 3 | Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV. | | | | | | | | | | |
| | a. | Gross receipts | \$ | Debtor 0.00 | \$ | Spouse | 0.00 | | | | |
| | b. | Ordinary and necessary business expenses | \$ | 0.00 | | | 0.00 | | | | |
| | c. | Business income | | otract Line b from | | a | 0.00 | \$ | 0.00 | \$ | 0.00 |
| | Beetor | | | | | | | | | | |
| 4 | part | oppropriate column(s) of Line 4. Do not enter a of the operating expenses entered on Line b | a nui | mber less than zero a deduction in Par Debtor | o. Do | not include | any | | | | |
| 4 | part o | oppropriate column(s) of Line 4. Do not enter a confidence of the operating expenses entered on Line b Gross receipts | a nui | mber less than zero a deduction in Par Debtor 0.00 | o. Do | not include | 0.00 | | | | |
| 4 | part | of the operating expenses entered on Line b Gross receipts Ordinary and necessary operating expenses | \$ \$ | mber less than zero a deduction in Par Debtor | o. Do | Spouse | any | \$ | 0.00 | \$ | 0.00 |
| 5 | a. b. c. | oppropriate column(s) of Line 4. Do not enter a confidence of the operating expenses entered on Line b Gross receipts | \$ \$ | mber less than zeron deduction in Par Debtor 0.00 | o. Do | Spouse | 0.00 | \$ \$ | 0.00 | \$ | 0.00 |
| | a. b. c. | propriate column(s) of Line 4. Do not enter to the operating expenses entered on Line b Gross receipts Ordinary and necessary operating expenses Rent and other real property income | \$ \$ | mber less than zeron deduction in Par Debtor 0.00 | o. Do | Spouse | 0.00 | | | · · | |
| 5 | a. b. c. Inter Pensi Any a exper purp debto | Gross receipts Ordinary and necessary operating expenses Rent and other real property income est, dividends, and royalties. | s as a s s s s s s s s s s s s s s s s | Debtor 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0 | s Line the h port j | Spouse a a a a a a a a b a a b a b a b b | 0.00 0.00 | \$ | 0.00 | \$ | 0.00 |
| 5 | a. b. c. Inter Pensi Any a exper purp debto listed Unen Howe benef or B, | Gross receipts Ordinary and necessary operating expenses Rent and other real property income est, dividends, and royalties. con and retirement income. amounts paid by another person or entity, oneses of the debtor or the debtor's dependent ose. Do not include alimony or separate main or's spouse. Each regular payment should be re- | sa nuite a sa s | Debtor O.00 O.00 Obtract Line b from regular basis, for acluding child supunce payments or a ded in only one column B. e appropriate coluttion received by yellow | the h port j moun mn(s) ou or | Spouse a a cousehold paid for that ts paid by the if a payment of Line 8. your spouse | 0.00 0.00 tee is | \$ | 0.00 | \$ | 0.00 |

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| 9 | Income from all other sources. Specify sources on a separate page. Total and enter on Line 9. maintenance payments paid by your spouse, separate maintenance. Do not include any be payments received as a victim of a war crime, international or domestic terrorism. | Do not include alimo but include all other enefits received under | ony or separate payments of alimony of the Social Security Act | or | | | |
|-----|--|---|---|---|---|--------|-----------|
| | | Debtor | Spouse | | | | |
| | a. b. | \$ \$ | \$ \$ | | 0.0 | 0 \$ | 0.00 |
| 10 | Subtotal. Add Lines 2 thru 9 in Column A, an in Column B. Enter the total(s). | d, if Column B is com | pleted, add Lines 2 thro | ough 9 \$ | 4,000.0 | 0 \$ | 0.00 |
| 11 | Total. If Column B has been completed, add I the total. If Column B has not been completed | | | d enter \$ | | | 4,000.00 |
| | Part II. CALCULAT | ION OF § 1325(b |)(4) COMMITME | ENT PE | RIOD | | |
| 12 | Enter the amount from Line 11 | | | | | \$ | 4,000.00 |
| 13 | Marital Adjustment. If you are married, but a calculation of the commitment period under § enter on Line 13 the amount of the income list the household expenses of you or your depend income (such as payment of the spouse's tax li debtor's dependents) and the amount of incom on a separate page. If the conditions for entering a. b. | 1325(b)(4) does not re ed in Line 10, Column lents and specify, in the ability or the spouse's se devoted to each purping this adjustment do see the second | quire inclusion of the in B that was NOT paid of e lines below, the basis support of persons othe ose. If necessary, list a | ncome of you a regulation a regulation for excluding than the o | our spouse, r basis for ing this debtor or the | | |
| | c. Total and enter on Line 13 | \$ | | | | Ф | 0.00 |
| 1.4 | | | | | | \$ | 0.00 |
| 14 | Subtract Line 13 from Line 12 and enter the | | | | | \$ | 4,000.00 |
| 15 | Annualized current monthly income for § 13 enter the result. | 325(b)(4). Multiply the | e amount from Line 14 | by the nur | nber 12 and | \$ | 48,000.00 |
| 16 | Applicable median family income. Enter the information is available by family size at www. | | | | | | |
| | a. Enter debtor's state of residence: | TN b. Enter | debtor's household size | e: | 4 | \$ | 63,719.00 |
| 17 | Application of § 1325(b)(4). Check the application of § 1325(b)(4). Check the application of the amount on Line 15 is less than the art top of page 1 of this statement and continuate the top of page 1 of this statement and c | mount on Line 16. Che with this statement. The amount on Line 16. | eck the box for "The ap | | | | |
| | Part III. APPLICATION OF | § 1325(b)(3) FOR DI | ETERMINING DISPO | OSABLE 1 | INCOME | | |
| 18 | Enter the amount from Line 11. | | | | | \$ | 4,000.00 |
| 19 | Marital Adjustment. If you are married, but a any income listed in Line 10, Column B that we debtor or the debtor's dependents. Specify in the payment of the spouse's tax liability or the spot dependents) and the amount of income devote separate page. If the conditions for entering the b. | vas NOT paid on a regulate lines below the basicuse's support of person d to each purpose. If not is adjustment do not ap | alar basis for the housel is for excluding the Colus is other than the debtor ecessary, list additional | hold expenumn B incoor the deb | ses of the ome(such as tor's | | |
| | C. | \$ | | | | | |
| | Total and enter on Line 19. | | | | | \$ | 0.00 |
| 20 | Current monthly income for § 1325(b)(3). S | ubtract Line 19 from L | ine 18 and enter the res | sult. | | \$ | 4,000.00 |

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| 21 | Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result. | | | | | | \$ | 48,000.00 | |
|----------|--|--|---|--------------------------|------------------------|---|---|--------------|--|
| 22 | Applicable median family income. Enter the amount from Line 16. | | | | | \$ | 63,719.00 | | |
| 23 | Application of § 1325(b)(3). Check the applicable box and proceed as directed. ☐ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is detern 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. ☐ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is n 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Part VII of this statement. | | | | | | t determ | ined under § | |
| | | Part IV. CA | ALCULATION (|)F I | EDU | CTIONS FR | OM INCOME | | |
| | | Subpart A: Do | eductions under Star | ıdaro | ds of tl | ne Internal Reve | nue Service (IRS) | | |
| 24A | Enter i applica bankru | nal Standards: food, appar n Line 24A the "Total" amo able number of persons. (To aptcy court.) The applicable or federal income tax return, | ount from IRS National his information is availa number of persons is the | Stand ble at e nun | ards for www.unber tha | r Allowable Living usdoj.gov/ust/ or fro ut would currently b | Expenses for the om the clerk of the e allowed as exemptions | \$ | |
| 24B | National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B. | | | | | onal Standards for able at cable number of persons of are 65 years of age or ory that would currently ional dependents whom and enter the result in and enter the result in Line 24B. | | | |
| | al. | Allowance per person | | a2. | | years of age or old ance per person | lei | | |
| | b1. | Number of persons | | b2. | | er of persons | | | |
| | c1. | Subtotal | | c2. | Subto | | | \$ | |
| 25A | Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. | | | | | nis information is e family size consists of | \$ | | |
| 25B | Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rent expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 | | | | | | this information is family size consists of tarn, plus the number of fonthly Payments for any e result in Line 25B. Do | | |
| | | Net mortgage/rental expens | | | | Subtract Line b fr | | \$ | |
| 26 | 25B do Standa | Standards: housing and uses not accurately compute ards, enter any additional and tion in the space below: | the allowance to which | you a | re entitl | ed under the IRS H | Iousing and Utilities | r. | |
| <u> </u> | | | | | | \$ | | | |

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| 27A | Local Standards: transportation; vehicle operation/public transpo expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expensincluded as a contribution to your household expenses in Line 7. 0 | | | | |
|------|---|---|----|--|--|
| 2711 | If you checked 0, enter on Line 27A the "Public Transportation" amou Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ | unt from IRS Local Standards: "Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or | \$ | | |
| 27B | Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public Tr Standards: Transportation. (This amount is available at www.usdoj.gc court.) | \$ | | | |
| 28 | Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average | | | | |
| | a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle | \$ | | | |
| | b. 1, as stated in Line 47 | \$ | | | |
| | c. Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a. | \$ | | |
| 29 | Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Litthe result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47 | e IRS Local Standards: Transportation court); enter in Line b the total of the Average | | | |
| | c. Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a. | \$ | | |
| 30 | Other Necessary Expenses: taxes. Enter the total average monthly estate, and local taxes, other than real estate and sales taxes, such as increase security taxes, and Medicare taxes. Do not include real estate or sales | come taxes, self employment taxes, social | \$ | | |
| 31 | Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as voluntary deductions. | retirement contributions, union dues, and | \$ | | |
| 32 | Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance. | | \$ | | |
| 33 | Other Necessary Expenses: court-ordered payments. Enter the total pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49. | | \$ | | |
| 34 | Other Necessary Expenses: education for employment or for a phythe total average monthly amount that you actually expend for educate education that is required for a physically or mentally challenged depoproviding similar services is available. | ion that is a condition of employment and for | \$ | | |
| 35 | Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do | | \$ | | |
| 36 | Other Necessary Expenses: health care. Enter the total average mone health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts. | our dependents, that is not reimbursed by the amount entered in Line 24B. Do not | \$ | | |

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| 37 | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. | \$ | | | | | |
|----|--|----|--|--|--|--|--|
| 38 | Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37. | \$ | | | | | |
| | Subpart B: Additional Living Expense Deductions | | | | | | |
| | Note: Do not include any expenses that you have listed in Lines 24-37 | | | | | | |
| | Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. | | | | | | |
| 39 | a. Health Insurance \$ | | | | | | |
| | b. Disability Insurance \$ | | | | | | |
| | c. Health Savings Account \$ | | | | | | |
| | Total and enter on Line 39 | \$ | | | | | |
| | If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ | | | | | | |
| 40 | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34. | | | | | | |
| 41 | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. | | | | | | |
| 42 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. | \$ | | | | | |
| 43 | Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. | \$ | | | | | |
| 44 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. | | | | | | |
| 45 | Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income. | \$ | | | | | |
| 46 | Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45. | \$ | | | | | |
| | | | | | | | |

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| | | | Subpart C: Deductions for De | ebt F | Payment | | | |
|----|--|---|---|--------|-------------------------------|---|----|--|
| 47 | Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47. | | | | | | | |
| | | Name of Creditor | Property Securing the Debt | | Average Monthly Payment | Does payment include taxes or insurance | | |
| | a. | | | \$ | otal: Add Lines | □yes □no | \$ | |
| 48 | Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in | | | | | | | |
| | a. | Name of Creditor | Property Securing the Debt | | 1/60th of t | he Cure Amount | | |
| | | | | | 1 | Total: Add Lines | \$ | |
| 49 | priori not ii | ty tax, child support and a nclude current obligation oter 13 administrative ex | rity claims. Enter the total amount, divided alimony claims, for which you were liable at as, such as those set out in Line 33. penses. Multiply the amount in Line a by the | the ti | me of your bank | cruptcy filing. Do | \$ | |
| | a. | ing administrative expens | thly Chapter 13 plan payment. | \$ | | | | |
| 50 | b. | Current multiplier for issued by the Executiv | your district as determined under schedules e Office for United States Trustees. (This e at www.usdoj.gov/ust/ or from the clerk of | | | | | |
| | c. | | nistrative expense of chapter 13 case | То | tal: Multiply Li | nes a and b | \$ | |
| 51 | Total | Deductions for Debt Pa | yment. Enter the total of Lines 47 through 5 | 50. | | | \$ | |
| | | | Subpart D: Total Deductions | fron | Income | | | |
| 52 | Total | of all deductions from i | ncome. Enter the total of Lines 38, 46, and | 51. | | | \$ | |
| | | Part V. DETE | RMINATION OF DISPOSABLE | INC | OME UNDI | ER § 1325(b)(2) |) | |
| 53 | Total | current monthly incom | e. Enter the amount from Line 20. | | | | \$ | |
| 54 | paym | ents for a dependent child | onthly average of any child support payments, reported in Part I, that you received in acceecessary to be expended for such child. | | | | \$ | |
| 55 | wage | s as contributions for qual | ons. Enter the monthly total of (a) all amoun lified retirement plans, as specified in § 541(specified in § 362(b)(19). | | | | \$ | |
| 56 | Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52. | | | | | | \$ | |

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Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expense necessary and reasonable. 57 Amount of Expense Nature of special circumstances \$ b. \$ \$ Total: Add Lines Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the 58 Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result. 59 Part VI. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. 60 **Expense Description** Monthly Amount \$ b. \$ \$ Total: Add Lines a, b, c and d Part VII. VERIFICATION I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.) Date: January 16, 2013 Signature: /s/ Markesha Lynn Winston 61 Markesha Lynn Winston

(Debtor)